



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Brambley Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	11 February 2021
Centre ID:	OSV-0005011
Fieldwork ID:	MON-0030141

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is located within the campus of the John Paul Centre in Galway City. Brambley Services provides an integrated service to up to six residents who have an intellectual disability and/or a diagnosis of autism. The centre consists of a bungalow style house, divided into four apartments which are interlinked by adjoining corridors and are only accessed by staff when supporting residents. There are two two bedroom apartments and two one bedroom apartments. Each of the apartments consisted of a sitting room, kitchen, dining/sitting room, bathroom and utility. Residents are supported to live as independently as possible with the support of staff. For example, staff support residents to cook, or assist in cooking or baking in their kitchens and to attend to their own laundry in each of their apartments. The residents have their own bedrooms and there are sufficient communal areas for the residents to relax and have visitors if they so wished. Each of the apartments have a small garden. Transport is provided for the residents to support them accessing the community to participate in community activities. There is a high staffing ratio in the centre to ensure residents with behaviours of concern are well supported. This includes up to a 2:1 staff ratio and a waking staff at night shared between the four apartments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 February 2021	10:00hrs to 17:00hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

During the course of the inspection, the inspector found that the care and support provided to residents who lived at Brambley Services was to a high standard. The service was person-centred and met the residents' specific care and support needs. The inspector found from speaking with family and staff members, observing interactions, and a review of relevant documentation that the service actively promoted the wellbeing of residents and the residents had a good quality of life.

The Health Information and Quality Authority (HIQA) has modified their approach to inspecting designated centres for people with disabilities, due to the COVID-19 pandemic. Consequently, to ensure the health and safety of the residents, staff, and the inspector was maintained, the inspector undertook a number of safety precautions while inspecting this centre. This included adhering to public health guidelines; such as using, personal protection equipment, maintaining a 2 metre physical distance between people, adhered to good hand hygiene practices and keeping face-to-face interactions to under 15 minutes. Following consultation with the person in charge it was agreed that the inspector would not enter the apartments or meet the residents on this occasion, as social distancing could not be guaranteed in the apartments. Alternatively, the person in charge facilitated the inspection to take place in the main office building in the John Paul Centre, which was part of Brambley Services. The inspector did get the opportunity to spend some time speaking to four staff members and spoke to two family members on the phone. This gave the inspector a good understanding of the quality of care provided to residents and what it was like to live in this centre.

The person in charge told the inspector that the residents were very happy living in this centre, and that the service specifically focused on supporting the residents to have choice to make decisions about their life. The inspector found residents' rights and choices were upheld and residents were actively involved in the decision-making and planning for their care and support. For example, residents were involved in the development of personal goals, supported by their relatives and staff in the centre, and it was evident in the main that these goals had been pursued.

The person in charge also told the inspector that the residents had good connections with their family, and prior to the pandemic there were regular visitors to the centre. These visits had mostly ceased due to COVID-19 restrictions. However, there were some exceptions for the residents living alone in their own apartments.

The inspector spoke to two family members during the inspection and they told the inspector that they felt the residents rights were protected they were very happy with the quality of care provided to the residents. They also said the "staff were wonderful and kind" and they were assured that should dissatisfaction with the service arise, it would be easily be dealt with by the person in charge or through the centre's complaints process. They told the inspector that unfortunately, many

community activities the residents liked to participate in, had either ceased, or had significantly reduced as a result of the pandemic. For example; visits to the local shops, the church, or local community amenities. Despite this, the residents were supported by the staff to continue to have a daily structured routine which included going for long walks in the local woods or going for drives in the car.

Three staff spoke to the inspector and outlined the day-to-day routines for the residents. They told the inspector there was a consistent staff team working in the centre and about the measures they take daily to ensure residents are safe. They told the inspector how they have reduced the number of incidents of behaviours of concern in the centre and while some of these measures required restrictive practices, they said that these measures are continuously being reviewed.

In summary, the provider ensured residents received a good standard of care and support in line with regulatory requirements. An approach to continuous improvement is reflected in the high level of compliance found on this inspection. Further details are outlined in the remainder of the report.

Capacity and capability

The inspector found the provider had demonstrated its capacity and capability to manage this service through its effective leadership, governance and management arrangements in place in the centre. This was reflected in the high levels of compliance found at this inspection.

Clear and effective governance and management arrangements at Brambley Services ensured that the care and support provided to residents was person-centred, reflected their needs, promoted wellbeing and achieved compliance with all regulations assessed as part of the inspection.

The area manager of the John Paul Centre was also the person in charge of this centre. She was reported to a sector manager and director of services who ensure effective governance and oversight of this service. The person in charge was very familiar with the residents and staff working in the centre and had a management team reporting to her, such as, a clinical nurse manager 3 and a team leader, as well as a team of nursing and care staff who knew the residents well. The person in charge was suitably qualified, skilled and experienced person who had in-depth knowledge of the needs of the residents. She was qualified as a registered nurse for people with an intellectual disability (RNID) and had PHD in Doctor of Nursing Science Degree. She also had a Higher Diploma in Public Management, and was a qualified Nurse Prescriber (RNP).

The provider also had systems in place to ensure that this service was subject to ongoing monitoring, review and development. The provider completed six-monthly audits of the care practices in the centre. The audits ensured that systems in place positively informed, improved and sustained a quality service for these residents.

The provider had also completed an annual review of the quality and safety of the residents in the centre.

These audits identified some good aspects of care such as;

- Engagement with families and staff,
- Support provided by the multidisciplinary team,
- Infection control procedures,
- Supporting residents to stay connected with family.

There were outstanding priorities for planned improvements in the centre, however these had to be delayed due to the COVID-19 pandemic. These included;

- External painting,
- Extension to the garden area,
- New kitchen,

The provider had a training programme for staff in the centre, but some of the staff training had been delayed due to COVID-19, but the person in charge provided assurances to the inspector that these training days had since been completed.

The inspector found there was a planned and actual staff rota in place, which reflected which staff was working in which apartment daily. The inspector found that there were adequate staffing in place to meet the needs of the residents at the time of the inspection. Night-time staffing included a waking night staff shared across the four apartments, and the person in charge confirmed to the inspector that this was sufficient, as all of the residents slept well at night.

The provider had measures in place to ensure that staff were competent to carry out their roles. The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and had the qualifications, skills and experienced to manage this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found there was a planned and actual staff rota in place, which showed there was a regular and consistent staff team in place to meet the needs of the residents at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, ensuring residents' needs were met and risks were responded to appropriately as they emerged.

Judgment: Compliant

Regulation 23: Governance and management

The centre has a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Other audits were also completed which identified some areas for improvement and plans were in place to address them.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives both in the centre and within their community, although community activities were impacted by the current

restrictions. The quality and safety of care provided to the residents was being monitored and systems were in place to ensure their health and social care needs were being supported and provided for in the centre. The inspector observed several examples where residents' rights were respected in the centre. Systems were also in place to ensure that residents were safe, this included responding to identified risks and putting systems in place to manage them.

Personal plans were in place for all residents and residents were supported to enjoy an active life and their health care needs were assessed, monitored and reviewed on a regular basis. Part of the care included an annual review where residents and their representatives were consulted and given the opportunity to give their opinion on the residents goals for the next year. A sample of one of these records, provided a review of the resident's needs, goals and aspirations. Residents were supported to develop goals and some were increasing independent living skills.

Regular and as required access to a range of allied healthcare professionals also formed part of the service provided. This included access to GP services, physiotherapist, occupational therapist and a dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. Residents were also supported to enjoy best possible mental health and where required had access to support from an advanced nurse specialist and a psychiatrist.

There was transport available in the centre, however, the person in charge had identified that the residents needs were changing, and more transport was required, and they were sourcing an additional bus for the centre.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff, and staff told the inspector there were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place. Weekly audits were also being conducted by staff to ensure that the practices in the centre were in line with current public health guidelines. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The inspector found a number of examples where residents' rights were protected in the centre. For example; residents were kept informed about all issues pertaining to COVID-19. The provider also had a rights protection audit in each residents personal plan, which required staff to review and consider if residents' rights were impacted in the centre.

The inspector found that while there were restrictive practices in place in the centre, they were assessed as being in the best interest of the residents and were the least restrictive options for the residents concerned. The inspector sought assurances

regarding the continued use of a locked kitchen door at night and the use of a monitoring alarm for a resident in one of the apartments, the staff and the person in charge told the inspector that these issues would be discussed at the multidisciplinary team meeting the following week, and they would also be reviewed at the next human rights review of the centre. A behaviour support specialist who was also an advance nurse practitioner specialising in disability services worked in close collaboration with residents, staff and families to ensure positive behaviour support assessment and best practice intervention were in place and reviewed as required for the residents.

Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre. Incidents that occurred in the centre were reviewed and where required additional control measures were put in place to keep people safe.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had arrangements in place to manage a suspected/confirmed case of COVID-19 in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents and residents were supported to enjoy an active life and their health care needs were assessed, monitored and reviewed on a regular basis. Part of this included an annual review where residents and their representatives attended if possible. A sample of one of these records, provided a review of the residents needs, goals and aspirations. Residents were supported to develop goals and some were increasing independent living skills

Judgment: Compliant

Regulation 6: Health care

Regular and as required access to a range of allied healthcare professionals also formed part of the service provided. This included access to GP services, physiotherapist, occupational therapist and a dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. Residents were also supported to enjoy best possible mental health and where required had access to support from an advance nurse specialist and a psychiatrist.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that all staff working in the centre were familiar with the residents' mental health needs and had implemented a positive behaviour support plan that ensure a consistent approach to supporting the residents.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were being maintained in this centre, in line with their assessed needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant